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ABSTRACT

This study was designed to examine the effect of perceived control in a non-clinical college student population that had experienced victimization (childhood molestation) and to examine predictor variables representing different types of controls. Subjects were 866 female undergraduates of whom 523 were identified as Adults Molested as Children (AMACs), or a prevalence rate of 60%. Subjects completed the Adult Nowicke-Strickland Locus of Control instrument, the Folkman-Lazuras Revised Ways of Coping Checklist, the CPI Socialization Scale, and 25 questions measuring objective and subjective severity variables. The findings suggested that molested women are not using cognitive and behavioral strategies that can re-establish a sense of control, and are instead using socialized traditional passive/powerless female gender-role behaviors. The dependent variable negative effect at the time of the molest was associated with a high degree of felt responsibility for the molestation and for finding a solution to the molestation at the time of the molest. Negative effect now was associated with a high degree of felt responsibility for the molest at the time and now, and high felt responsibility for finding a solution to the molest now. Adjustment was associated with high felt responsibility for a solution at the time of the molest. (ABL)

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Child Sexual Abuse: Debate, Denial, and Denouement

A Feminist Perspective
Female Adults Molested As Children, Socialized Gender-Role Behavior, And Issues Of Power And Control

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SYMPOSIUM

CHILD SEXUAL ABUSE: DEBATE, DENIAL, & DENOUEMENT

A FEMINIST PERSPECTIVE
FEMALE ADULTS MOLESTED AS CHILDREN, SOCIALIZED GENDER-ROLE BEHAVIOR, AND ISSUES OF POWER AND CONTROL

Early studies (Courtois, 1979; De Young, 1982; Finklehor, 1979,1990; Finkelhor, Araji, Baron, Browne, Peters, & Wyatt, 1986; Russell, 1983; Sedney & Brooks, 1984; Tsai, Feldman, Summers, & Edgar, 1979) in the literature on female AMACs focused on prevalence rates and external/objective severity variables (duration and frequency of the abuse, degree of force, age at time of the molest, type of molest, relationship with the perpetrator) and the now well documented negative effects (depresson, re-victimization, sexual dysfunction; anxiety, suicide ideation, fear are also present when force was used in the molestation) associated with childhood sexual abuse (Finkelhor, 1990).

Definitions of Childhood sexual abuse usually site unwanted contact and a discrepancy in age (5 years or more) as the most important factors in identification of molestation. Though the California Child Abuse Reporting Law defines "child" as "under 18". it has been suggested that the most clinically significant effects of sexual contact are those that take place in the years before most young women are of dating age. This question has not been resolved; research has shown highly negative effects for the very young female child, and for the pubescent female. There is also some dispute about how to handle peer perpetrators, as discussed by Dr. Zetzer, and how to differentiate mutually desired peer exploration and peer abuse. It has been suggested by some current researchers that experiences involving force or unwanted contact between peers under the age of 18 can be classified as childhood sexual abuse.

Prevalence rates of female childhood sexual abuse vary from 8% (Fritz, Stoll & Wagner, 1981) to 60% (Carlisle, 1992; Zetzer, 1990), to 62% (Wyatt, 1985) depending upon differences in data collection (interviews generally elicit a higher prevalence rate than surveys),

Though both males and females are sexually abused as children, the incidence of female abuse is apparently much higher: 19% women, 9% men (Finkelhor, 1979), 15% women, 6% men (Finkelhor, 1984), 8% women, 5% male (Fritz, Stoll & Wagener, 1981) etc.

Though early studies focused on prevalence and objective severity characteristics to define parameters of the problem, current research is examining sexual abuse within the context of time (developmental stage of the child/adult) and space (family characteristics, current relationships, and cultural influences) (Alexander, 1992). Current research is also examining mediating internal/subjective variables of self blame, self control, felt responsibility as associated with negative effect (Celano, 1992; Draucker, 1989; Frieze, Hymer & Greenberg, 1987; Gold, 1986; Morrow, 1991; Wyatt & Mickey, 1987; Wyatt & Newcomb, 1990).

There is general agreement in victimization literature that perceived control over negative events can ameliorate the negative effect of a disaster, trauma, or victimizing experience (Bulman & Wortman, 1977; Draucker, 1989; Frieze, Hymer & Greenberg, 1987; Taylor, 1983, 1984, 1990; Wyatt & Mickey, 1987). Heider (1958), Kelley (1967), Lazarus (1966), Peterson & Seligman,(1983), and Wong & Weiner (1981) all suggest that people attempt to re-establish control by trying to understand, predict, and control their environment. We also now know, however, that belief in the ability to control one's environment, and whether, therefore, people will attempt to take control, is related to demographic variables of gender, ethnicity and age (Nowicke, 1982; Sue, 1981; Wyatt, 1990). The issue of felt control is complex and has not been resolved in the literature.

Another unresolved question is whether control can be re-established in an ameliorative way through self blame, or whether self blame adds to the immobilizing effect of stigmatization and shame. Some authors have found self blame to be adaptive and associated with better adjustment or more rapid recovery after victimization (Baum, Fleming & Singer, 1983; Bulman & Wortman, 1977; Friedman, Bischoff, Davis, & Person, 1982; Janoff-Bulman, 1979, 1982; Lamb, 1986; Peterson & Seligman, 1983). Others have found self blame to be associated with negative effect (Conte & Schuerman, 1987; Hoagwood & Repucci, 1988; Morrow, 1991; Meyer & Taylor, 1986; Peters, Schwartz & Seligman, 1981; Taylor, 1984).

This discrepancy in the literature may be clarified in future research by differentiating between behavioral self blame (behavior can be changed and this kind of self blame can activate a problem-solving "take charge" position) and characterological self blame (character is presumably unchangeable and therefore this kind of self blame can reinforce the victimized position). Another important differentiation may be the examination of the effect of taking responsibility (self blame) for the molest itself, versus the effect of taking responsibility for finding a solution to the molest. Celano (1991) suggests treatment which makes these differentiations, and a few authors are studying self blame in this more differentiated way (Janoff-Bulman, 1979; Janoff-Bulman & Frieze, 1983; Meyer & Taylor, 1986; Miller & Porter, 1983; Wortman, 1976)

I am going to discuss two hypotheses about the experience of female childhood molestation from a feminist perspective, traditional socialized gender-role behavior, and issues of control, and report results from my dissertation study as they pertain to these hypotheses.

The data for this study were gathered from surveys sent to a randomly selected sample of 1500 female UCSB undergraduates (15% of the estimated 10,000 female undergraduates in Winter Quarter, 1989). The 6-page survey was composed of 8 AMAC identification questions, demographic questions, an efficacy questionnaire, the Adult Nowicke-Strickland Locus of Control instrument, the Folkman-Lazuras Revised Ways Of Coping Checklist, the CPI Socialization Scale, and 25 questions measuring objective and subjective severity variables. Of the 1500 sample, 866 returned their surveys (a 58% return rate), and of these 523 were identified as AMACs (through the AMAC identification questions). This response yielded a prevalence rate of 60% of the respondent pool, or 35% of the total sample.

This study was designed to examine the effect of perceived control on a non-clinical (University student) population that had experienced victimization (childhood molestation) and to examine predictor variables representing different kinds of control:

*cognitive coping strategies: Internal versus external locus of control belief systems

*behavioral coping strategies: active vs passive coping styles, degree of efficacy
*cognitive processing variables of self blame and self responsibility

Specifically, the goal of this study was to examine a non-clinical population to determine if coping strategies that establish a sense of control are associated with less severe molestation, less negative effect, and better adjustment, in order to better understand the treatment needs of adults molested as children.

Predictor variables:

objective severity variables (duration, frequency, age, etc.)
cognitive and behavioral coping strategies (ILC vs. ELC, Active vs, passive coping, efficacy)
cognitive processing variables (felt responsibility for the abuse, and felt responsibility for solution to the abuse)

Multiple regression equations were performed on the 7 criterion variables:

Internal Locus of Control (ANSIE Instrument)
Active coping (problem-focused & seek social support coping)
passive coping (blame self coping)
efficacy (an instrument devised to address issues sensitive to abuse variables; Briere, 1992, points out that most instruments are not sensitive to these variables)
adjustment (CPI Socialization Scale)
negative effect at time of abuse
negative effect currently

The data were subjected to simultaneous multiple regression. (Multiple predictors and no predetermined theory suggested that simultaneous multiple regression was the most appropriate analysis.) Limited time (space) does not permit elaboration on methodological problems with research in the area of childhood sexual abuse except to say that data on demographics and family function were gathered and entered as control variables to strengthen the validity of the predictor variables, and that problems with comparison groups were avoided since AMACs were not compared to nonAMACs. Self identification of AMACs was determined by the answer "yes" to at least one of the 8 questions that specified certain sexual behaviors (vs asking "Were you

sexually abused as a child?"). Because the subjects were a nonclinical population (University students) and represented all SES and ethnic groups, the sample may be fairly generalizable, at least to female university students.

First Hypothesis: Female Childhood sexual abuse intensifies traditional female socialized gender-role behavior.

Horwitz (1982) suggests that female childhood molestation by a male is congruent with female experience in this culture: the female is passive and powerless and has less control in relationship with a male aggressor who is stronger and dominant. Edwards (1988),writing from a femiinist perspective, also discusses the power/gender relationship and the significance of "social and cultural mechanisms for defining, shaping, and constraining female (and male) sexuality as fundamental elements in male power over women and as of critical importance to patriarchy". Edwards also quotes MacKinnon (from two articles, 1982 and 1983) which discuss the "eroticization of violence" and which suggest that sexuality cannot be separated from power. Horwitz also observed, what is now commonly accepted, that childhood sexual abuse in males is counter to the male socialized role which may explain the low rate of male report or help seeking behavior regarding childhood sexual abuse. It is also interesting to note that males often (according to statistics and clinical report that we now have) react to childhood abuse in what could be described as a "gender-appropriate" way by becoming more aggressive and often abusers themselves. Women too react in a "gender-appropriate" way by becoming overly accommodating, re-victimized (sometimes repeatedly) and by forming adult partnerships with abusers.

In support of the definition of "patriarchy" as power which is based on gender and sex as suggested by Kelly (1988), again from a feminist perspective, and others (e.g. Edwards, 1988), it is interesting to note that Harter, Alexander, and Neimeyer (1988) found that the patriarchal family structure is associated with higher rates of sexual abuse. Also of interest is Nowicke's (1982) research which shows that an External Locus of Control belief system (which was associated with greater severity of molest in my study) is associated with membership in a patriarchal oriented family. Edwards (1988) and Kelly (1988) suggest that the female

submissive/constrained, male dominant/active sexual roles of gender socialized behavior are critically important to the maintenance of patriarchy in this culture.

Summit (1983) proposed that the female child who is sexually abused and also (as is often the case) rejected or blamed if she seeks adult help, develops the "child sexual abuse accommodation syndrome" characterized by 1) secrecy, 2) helplessness, 3) entrapment and accommodation, 4) delayed unconvincing disclosure, and 5) retraction. The child and emerging adult, therefore, learns to survive through accommodating, gender socialized, behavior.

Summit's theory could support the "male dominance through sexuality" theme discussed by Brownmiller (cited in Edwards, 1988), Kelly (1988), and others in feminist literature.

The results of my study support the hypothesis that childhood sexual abuse intensifies traditional female socialized gender role behavior.

In Correlations and multiple regressions High severity was associated with:

Low use of active coping,
High use of passive coping
External locus of control

Poor adjustment in AMACs was also associated with passive coping, which supports clinical observations that AMACs often lack coping strategies and that healing from childhood sexual abuse requires learning active coping strategies (e.g. assertiveness training, boundary setting, etc.).

Lower adjustment was associated with

Higher severity of molest
More use of avoidance coping
Less use of wishful thinking (a useful form of denial?)
(No association with active coping & efficacy)
External Locus of Control

High Efficacy (which specifies initiating, take charge activities that counter traditional female gender role behavior) **was associated with:**

low severity of molest
high use of active coping
low use of passive coping

Adjustment was measured by the CPI Socialization Scale, considered the most powerful scale on the CPI, with excellent concurrent, predictive, and cross cultural validity. The socialization scale was designed to measure anti-social behavior, but was reversed and is now considered a measure of the degree to which social norms are accepted and adhered to: social maturity, integrity, rectitude. The scale asks questions about comfort with family, truancy from school, getting into trouble as a child, etc. A high score generally suggests conservative, cautious behavior. The following adjectives, derived from college students, based on peer ratings, were used to define the high versus low socialized female and male.

High socialization female

organized
reasonable
cautious
clear thinking
conservative
practical
reliable
self-controlled
unassuming
wise

high socialization male

organized
reasonable
adaptable
efficient
honest
inhibited
kind
sincere
thorough
wholesome

low socialized female

careless
defensive
fickle
foolish
outspoken
peculiar
pleasure-seeking
reckless
uninhibited

low socialized male

deceitful
defensive
headstrong
irresponsible
mischievous
outspoken
quarrelsome
rude
sarcastic
unconventional

Interestingly, the high socialized female adjectives seem more reflective of traditional gender socialized behavior, and some low socialized adjectives reflect less traditional, less passive gender socialized behavior: outspoken, uninhibited. The male adjectives seem less gender-role determined. Interestingly, psychology graduate students, in one normative study, scored low on the scale, perhaps due to less traditional beliefs and behavior (Gough, 1975, noted in the CPI Test Manual).

Degree of Efficacy (measured by respondent ratings on their ability to set limits, take charge, make decisions, express beliefs, opinions,etc.) may be a better measure of adjustment if clinical treatment goals are considered: less constrained and compliant, more able to take charge of choices, actions, able to use behaviors that counter traditional gender socialization when appropriate.

High efficacy was correlated in my study with high use of active coping and low use of passive coping, low severity of abuse, low negative effect, low characterological self blame, high felt responsibility for solution at the time of the molestation. High efficacy also correlated with a low negative response if told someone about the molest, greater parental income (intervening variable), and low parental physical abuse (intervening variable), suggesting that female AMACs who developed efficacy may have had a family situation which supported and facilitated efficacy behaviors.

These findings suggest that molested women are not using cognitive and behavioral strategies that can re-establish a sense of control, and are instead using socialized traditional passive/powerless female gender-role behaviors.

Second Hypothesis : Subjective cognitive processing variables of self blame and felt self responsibility are more significant/powerful than objective severity variables (age, duration, frequency, type of abuse) in predicting negative effect from female childhood sexual molestation.

To my knowledge, male AMACs have not been surveyed for internal variables of self blame/ self responsibility. We are, however, beginning to generate data which suggest that women frequently blame themselves for the molest and that this self blame is associated with self-reported negative effect, low self esteem, poor adjustment, low efficacy, and depression (Carlisle, 1992: Morrow, 1991; Wyatt & Newcomb, 1990). Edwards (1988) cites several feminist authors who are now documenting the official/judicial/professional tendency to allocate blame to the female victim while excusing or even justifying the male perpetrator. This societal attitude exacerbates and reinforces the female AMAC's inappropriate self attribution for molestation.

Layden (1982) sites several studies showing that low self esteem subjects attribute success to luck and failure to lack of their own ability. High self esteem subjects, on the other hand, attribute failure to external events and success to their own ability. Dweck and Bush (1976) found that boys in elementary school were more likely to attribute success and failure to effort (which can be changed), while girls attributed success and failure to ability (which presumably cannot be changed). This research suggests that males are more able than females, in this culture, to make internal attributions to success and external attributions for failure.

Dweck (1975) found that if children who have experienced failure are taught that success is related to effort versus ability, they can improve performance. This may be similar to differentiating between behavioral and characterological self blame for a negative event. Behavior can be changed and character presumably cannot. In attributional style therapy, as described by Layden (1982), clients are taught to seek internal causes for success and external (or unstable internal, such as effort) causes for failure in much the same way that AMACs can be taught to examine external causes for their past abuse and to focus upon internal effort to prevent further abuse. .

As mentioned before, disagreement in the literature about the ameliorating vs. debilitating effects of self blame may eventually be resolved by 1) differentiating between feeling responsible for the actual molest and feeling responsible for finding a solution to the molest, and by 2) differentiating between characterological self blame and behavioral self blame.

Table shows correlations with behavioral self blame vs. characterological self blame in my study. Characterological self blame is the more powerful variable and is more often associated with the other variables. This data cannot tell us if behavioral self blame is therefore less damaging but suggests that this could be the case. The AMAC respondents were almost equally divided in identifying characterological self blame (265) vs. behavioral self blame (276). Most clinicians agree that dealing with self blame is a critical treatment issue and that characterological self blame is more damaging to the degree that the AMAC 1) identifies with the characterological trait, and 2) believes that she cannot change the trait in question. It may be determined in future research that males are socialized towards behavioral self blame, while females are socialized towards characterological self blame, leaving them feeling less in control.

The correlations and multiple regressions used to analyze the data in my study, cannot attribute causality, but self blame for the molest and felt self responsibility for finding a solution to the molest made significant contributions to the variance in multiple regression equations on the dependent variable negative effect. Objective severity variables made no contributions to the variance.

Specifically, the dependent variable <u>negative effect at the time of the molest</u> was associated with a high degree of felt responsibility for the molestation and for finding a solution to the molestation at the time of the molest. <u>Negative effect now</u> was associated with a high degree of felt responsibility for the molest at the time and now, and high felt responsibility for finding a solution to the molest now. Adjustment was associated with high felt responsibility for a solution at the time of the molest.

Respondents were also asked to what degree they were able to stop the molest and how safe they felt after the abuse ended. High felt safety and ability to stop the molest were associated with low negative effect. Surprisingly, high adjustment (CPI Socialization Scale) was related to low ability to stop the molest. Perhaps this is because the adjectives describing high adjustment scores for females contain more cautious and fewer action-taking words (e.g. cautious, self-controlled, unassuming), than the low scoring female (e.g. outspoken, uninhibited, reckless).

Other variables which correlated with high felt safety were high use of active coping, low use of passive coping, high efficacy (in sexual situations and with women), low negative effect, high felt responsibility for finding a solution, older age at first molest, lower frequency of molest, lower degree of coercion during the molestation.

This findings could be used to address the "safety in the home" myth, as described by feminist author E.S. Stanko, 1988). Of the AMAC respondents in my study, very few felt safe after the molest ended. Certainly for incested females, the home is not a safe place, and other sexual abuse also frequently takes place in the home (baby sitters, friends of family members, etc.).

In conclusion, my study and other current research (Celano, 1992; Draucker, 1989; Morrow, 1991; Wyatt & Mickey, 1987; Wyatt & Newcomb, 1990) is beginning to examine the impact of internal attributions of self blame as associated with negative effect from childhood sexual abuse. This work supports my (and other's) clinical observations that self blame exacerbates negative effect and that internal cognitions of self blame, self responsibility, and meaning are more significant than external severity variables (age, type, molest, frequency, duration, etc.) as predictors of negative effect. Clinical observation indicates that self blame in the female victim seems to be "encouraged" by male perpetrators (research is needed to confirm this clinical observation) and that this self blame is generally associated with intensified traditional gender-role socialized behavior (accommodation, passivity, and external locus of control belief system, etc.). Edwards (1988) as mentioned above, discusses the societal tendency to allocate blame to the female victim while excusing or even justifying the male perpetrator.

In treatment, helping female clients counter their gender-role socialization by differentiating between taking responsibility for the molestation versus taking responsibility for a solution to the molest, and between characterological versus behavioral self blame seems to be a necessary first step before they are able to learn more active, self determining, coping strategies (e.g. boundary setting, saying "no", assertive decision-making, initiating/problem-solving behavior, etc.). These behaviors counter female socialization and enable AMACs to re-establish a sense of control.

In terms of contemporary feminist theory, these rudimentary findings about female sexual abuse seem to support the proposal (Edwards, 1988) that force and violence are significant variables in maintaining male domination and patriarchy. Female sexual molestation by males is associated with patriarchal family structures and with more traditional female gender-role socialized behavior.

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HYPOTHESIS I: CHILDHOOD SEXUAL ABUSE INTENSIFIES TRADITIONAL FEMALE SOCIALIZED GENDER ROLE BEHAVIOR.

SUPPORT FOR HYPOTHESIS I:

1. HIGH SEVERITY OF MOLESTATION (as measured by age, type, frequency, duration) WAS ASSOCIATED SIGNIFICANTLY (p .05 or greater) IN CORRELATIONS AND MULTIPLE REGRESSION EQUATIONS WITH:

LOW USE OF ACTIVE COPING
HIGH USE OF PASSIVE COPING
EXTERNAL LOCUS OF CONTROL

2. LOWER ADJUSTMENT (as measured by CPI Socialization Scale) WAS ASSOCIATED SIGNIFICANTLY (p .05 or greater) IN CORRELATIONS WITH:

HIGHER SEVERITY OF MOLEST
HIGH USE OF PASSIVE COPING (EXCEP: LOW USE OF WISHFUL THINKING)
EXTERNAL LOCUS OF CONTROL

3. HIGH USE OF EFFICACY WAS ASSOCIATED SIGNIFICANTLY (p .05 or greater) IN CORRELATIONS WITH:

LOW SEVERITY OF THE MOLEST
HIGH USE OF ACTIVE COPING
LOW USE OF PASSIVE COPING

HYPOTHESIS II: SUBJECTIVE COGNITIVE PROCESSING VARIABLES OF SELF BLAME AND SELF RESPONSIBILITY ARE MORE POWERFUL THAN OBJECTIVE SEVERITY OF MOLEST VARIABLES (AGE, DURATION, FREQUENCY, TYPE OF MOLEST) IN ASSOCIATIONS WITH NEGATIVE EFFECT FROM FEMALE CHILDHOOD SEXUAL MOLESTATION

SUPPORT FOR HYPOTHESIS II

Independent Variable	Multiple Regression: Dep. Variables:	
	Negative Effect: Then	**Now**
Objective Severity Variables	No contributions to the variance	
Subjective Cognitive Processing Variables:		
Self Blame Then	.20**	.12*
Self Blame Now		.14**
Felt Respon. For Solution Then	.22***	
Felt Respon. For Solution Now		.24*
Able To Stop Molest		-.12*
Felt Safe After Molest Ended	-.30***	-.23**
	R = .24	R = .42
	p< .0001	p< .001

*** p< .001 ** p < .01 * p < .05

Comparisons Of Correlations Showing Associations With Behavioral Self Blame Versus Characterological Self Blame

Variable	Behavioral Self Blame	Characterol. Self Blame
Felt Safety After Molest Stopped		-.25***
Severity: Age		.19**
Severity: Type		.18**
Severity: Literature (Theory)	.14*	.33***
Severity: Self Report		.29***
Internal Locus Of Control	-.13*	-.27***
Problem Focused Coping		-.17**
Blame Self Coping	.12*	.12*
Negative Effect Then	.12*	.18**
Negative Effect Now		.23***
Adjustment (Socialization Scale)		-.16**
Number Times Molested		.23***
Duration Of Molestation		.26***
Told And Got Negative Response	.16**	.19**
Degree of Coercion in Molest	.18**	.20***

*** $p < .001$ ** $p < .01$ * $p > .05$ $n = 406$ to 544

VARIABALES IN DISSERTATION STUDY

FEMALE ADULTS MOLESTED AS CHILDREN, SOCIALIZED GENDER-ROLE BEHAVIOR, AND ISSUES OF SELF BLAME AND CONTROL

PREDICTOR VARIABLES:

OBJECTIVE SEVERITY VARIABLES (DURATION, FREQUENCY, AGE, TYPE)

COGNITIVE AND BEHAVIORAL COPING STRATEGIES (ILC vs ELC, ACTIVE vs. PASSIVE COPING, EFFICACY)

COGNITIVE PROCESSING VARIABLES (FELT BLAME/RESPONSIBILITY)

MULTIPLE REGRESSION EQUATIONS WERE PERFORMED ON THE 7 CRITERION VARIABLES:

INTERNAL LOCUS OF CONTROL (ANSIE INSTRUMENT)

ACTIVE COPING (PROBLEM SOLVING & SEEK SOCIAL SUPPORT)

PASSIVE COPING

EFFICACY (DEVISED INSTRUMENT)

ADJUSTMENT (CPI SOCIALIZATION SCALE)

NEGATIVE EFFECT AT TIME OF ABUSE

NEGATIVE EFFECT CURRENTLY

ADJECTIVES DESCRIBING HIGH/LOW SOCIALIZED FEMALES AND MALES
CPI SOCIALIZATION SCALE

High Socialization Female	High Socialization Male
organized	organized
reasonable	reasonable
cautious	adaptable
clear thinking	efficient
conservative	honest
practical	inhibited
reliable	kind
self-controlled	sincere
unassuming	thorough
wise	wholesome

Low socialization Female	Low Socialization Male
careless	deceitful
defensive	defensive
fickle	headstrong
foolish	irresponsible
outspoken	mischievous
peculiar	outspoken
pleasure-seeking	quarrelsome
reckless	rude
uninhibited	sarcastic
	unconventional

EFFICACY SCALE

To what degree do you: (scale 1 - 3)	in friendships with women	in friendships with men	in sexual situations	in pursuit of academic or career goals
Say "no" when you want to set limits?				
Consider your own feelings before complying with someone else's wishes?				
Feel comfortable with intimacy/closeness?				
Feel "in charge" of your choices?				
Discuss values/issues of importance to you?				
Generally feel satisfied with yourself?				
Feel able to cope with most situations that arise?				
Set goals and find ways to meet those goals?				
Take risks that can lead to greater satisfaction?				

Variables Correlated Significantly With Efficacy

Variable	Correlated With Efficacy
Problem Focused Coping	.25***
Seek Social Support Coping	.20***
Blame Self Coping	-.17***
Wishful Thinking Coping	-.12**
Avoidance Coping	-.20***
Severity: Literature (Theory)	-.11*
Severity: Age	-.09*
Severity: Type	-.10*
Negative Effect Now	-.16***
Responsible For Solution Then	.11*
Characterological Self Blame	-.14*
Negative Response If Told Someone	-.14**
Parental Income	.16***
Parental Physical Abuse	-.17***

***$p < .001$ **$p < .01$ *$p < .05$

n=226 to 544

Multiple Regression Analysis With Variables On The Dependent Variable: Socialization (CPI Scale)

Variables	Coefficient	Standardized Coefficient
Problem Focus Coping	.05	.01
Seek Social Support Coping	.05	.01
Internal Locus Of Control	.22	.07***
Efficacy Coping	-.02	-.00
Severity: Age	.13	.01
Severity: Type	-.49	-.08**
Severity: Literature (theory)	-.10	-.02
Severity: Self report	-.23	-.04*
Age	-.18	-.04**
Parental Income	-.27	-.02
Black Ethnicity	-2.90	-.03
Chicano Ethnicity	.53	.01
Asian Ethnicity	-1.12	-.01
Extent Of Self Blame Then	-.01	.00
Extent Of Self Blame Now	.06	.00
Responsible For Solution Then	.49	.04**
Responsible For Solution Now	-.23	-.02
Degree Able To Stop Molestation	-.43	-.03*
Number Of Counseling Sessions	-.12	-.02
Parental Substance Abuse	1.79	.04**
Physical Abuse By Parents	1.78	.06**
Possible Eating Disorder	-.04	.01
Avoidance Coping	-.20	-.07**
Wishful Thinking Coping	.11	.04*
Blame Self Coping	-.19	-.03

Intercept (Coefficient) 28.61 R-Square = .42 Adjusted R-Square = .37
$F(22, 313) = 9.03$, $p < .0001$

***$p < .0001$ **$p < .01$ *$p < .05$

$n = 335$

A Comparison: Adjustment And Negative Effect Associated With Objective Severity Variables Versus Cognitive Processing Variables In Multiple Regression Analyses

Independent Variables	Dependent Variable Negative Effect Then	Dependent Variable Negative effect Now	Dependent Variable Adjustment
Objective Severity Variables			
Severity: Age			
Severity: Type			-.08**
Severity: Literature (Theory)			
Subjective Severity Variable			
Severity: Self Report	not measured in these categories		-.04*
Behavioral & Cognitive Coping Variables			
Problem-Focused Coping			
Social Support Coping			
Efficacy		-.11*	
Internal Locus Of Control			.01**
Cognitive Processing Variables			
Degree Self Blame Then	.20**	.12*	
Degree Self Blame Now		.14**	
Responsible For Solution Then	.22***		.04***
Responsible For Solution Now		.24*	
Able To Stop Molestation		-.12*	-.03*
Felt Safe After Molest Stopped	-.30***	-.23**	
	R^2 = .24	R^2 = . 42	R^2 = .42
	p < .0001	p < .001	p < .0001

***p < .0001 **p < .01 *p < .05

n=326 to 343

A Comparison Of Significant Correlations: Coping Strategies As Associated With Objective Severity Variables Versus Cognitive Processing Variables

Variable	ILC	Prob Focus	Seek Soc	Wish-ful	Self blame	Avoid	Efficacy
Objective Severity Variables							
Severity: Age	-.23***				.12**	.18**	-.09*
Severity: Type	-.26***				.12*	.19***	-.10*
Severity: Literature (theory)	-.20***						-.11*
Subjective Severity Variable							
Severity: Self Report	-.28***	-.12**		.17**	.10*	.14**	
Cognitive Processing Variables							
Self Blame Then	-.20***			.19***	.15*	.11*	
Self Blame Now	-.12***			.21*	.14*	.13*	
Responsible For Solution Then							.11*
Responsible For Solution Now				.19**	.12*	.11*	
Ability To Stop Molest			-.10*	-.10*			
Felt Safety After Molest Ended	.22***	.13**				-.11*	.09 (.08 sig.)

***p < .001 **p < .01 * p < .05

n=392 to 544

A Comparison:
Coping Strategies As Associated With Objective Severity Variables Versus Cognitive Processing Variables (In Standardized Coefficients) From Multiple Regression Analyses

Dependent Variable	Internal Locus Of Control	Prob Focus Coping	Self Blame Coping	Efficacy
Objective Severity Variables				
Severity: Age				
Severity: Type				
Severity: Literature (Theory)		-.14*		
Subjective Severity Variable				
Severity: Self Report	-.22***	-.18**		
Cognitive Processing Variables				
Self Blame Then				-.13*
Self Blame Now			.14*	
Responsible For Solution Then			-.13*	.11*
Responsible For Solution Now				
Ability To Stop The Molest				

***p < .001 **p < .01 *p < .05

n=326 to 343